

CLAIMS ONLY							Application Number 10/849,030		Filing Date*		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51				
2				1			52				
3				1			53				
4				1			54				
5				2			55				
6				2			56				
7				2			57				
8				1			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				1			64				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			4				Total Indep				
Total Depend			18				Total Depend				
Total Claims			22				Total Claims				